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VI	1 _16	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- K	, D	CERTIFICATE OF DEATH Reg. Dist. No. (15533)
oge	director,	1. FLACE OF DEATH o. COUNTY O. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
22	· · · · · · · · · · · · · · · · · · ·	Maryland Charles
deat		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ofter death. Page	hou	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
aurs a	nd 2 sl	OR INSTITUTION ON A FARM? YES D NO [
n 24 h	filled in	13. NAME OF DECEASED (Type or print) Boarna Llan Bute 4. DATE Month Day Year OF DEATH MAIN 29 1959
d within	s. Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEPTEMBER 26 1855 73 yrs. 1855 73 yrs. 1855 73 yrs.
executed	d comple n papers. death.	10 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Hairdresser 12. CITIZEN OF WHAT COUNTRY Hairdresser U.S. A.
9	carbon gafter dec	V3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
core	physician smave car havrs affe	George Morrison Isabel Carmichle
		F5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknown] (II yes, give were or dorless of service)
	se n n 72 n 72	No Yes Mrs. Rosa Belle Compton, Pisgah, Maryland
that the death	e offending ten please n int within 72	18. CAUSE OF DEATH [Enter only one couse per-time (or (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
s that	ed by the	Conditions, it ony, which (b) Carbert Mescular accordent. 7days.
require on.	eg ÷ p	gove rise to immediate couse (a), stating the under- lying couse last. DUE TO Peneralized arteroscluste heart dealess 3 glars.
he law physici	iol-frans taval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 9
IAN: T	ficate I the bur	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CO
PHYSIC ol or ot	r use as	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o
ATTENDING by the hospit	fter de fo buriol, cr	21. I certify that I attended the deceased from All 18. 1957, to 29 May, 1857, that I last saw the deceased alive an 29 May, 1857, that I last saw the deceased alive an 29 May, 1857, and that death accurred at 1:00 A M, from the causes and an the date stated above
OR ATT	be de or	ACTUAL SIGNATURE M.D. LA PLATA. Sirver, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE M.D. LA PLATA. 29 May 5
A pi	A God	PHYSICIAN'S ARTHUR O. CLOODDY
HOS		220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)
TO HO	or and a second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VS A	175 (4) 0 0	23. FETTERAL DIRECTOR SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
15M	10/57	Archart Funeral Home, Inc La Plata, Md. DATE JUN 3 '59 Criby & House

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L EXA	2	P.	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendit in frem 18. Give Pages 1, 2, and 3 to the funeral director. Fage 4 should be	forwarded to the Medical Exominer's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECT Crops 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to the discontinuous	
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VS. A15ME(5) 5M 9/55

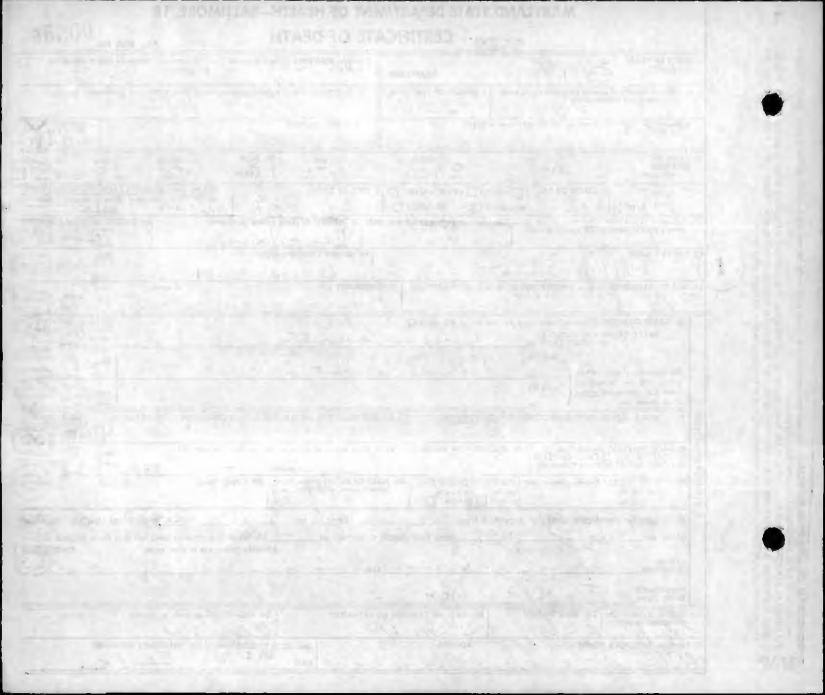
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and give neorest tow	ldorf					orore limits, write	no are one g	IVE NEGIGE	Own
		ot in hospital, give street addres	(d) 57	Waldo	rı			e. IS	RESIDENCE
	rry Road (Ho		, ,	Berry	Road			0	A FARM?
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SEX		MARRIED NEVER MARRIED			I	9. AGE (In years	IF UNDER 1Y		DER 24 HRS
Male		IDOWED DIVORCED	-	9 19	10	LO yrs.	Months Do	ys Houri	Min.
		e 10b. KIND OF BUSINESS OR		RTHPLACE (Stole)	or foreign co	7111	12. CITIZE	N OF WHA	T COUNTRY
	ng life, even if retired)	1 Francis	A	1-1-1	71	1			
FATHER'S NAME	(0)	1/0/10	14 407	HER'S MAIDEN N	0716	<u></u>	-		
KI.	2 (00)	bar	12.11.0	1/1 3	. /	VIDA	6		
WAS DECEASED E	ER IN U. S. ARMED FORCE		17. INSORNAN	11479	/	/ Address	14		
m, no, or unknown)	(If yes, give wor or dotes of sen)		Mrs.	Emm	17 1	Le les	Wa	1da	J. A
18. CAUSE OF DEA	TH Enter only one cause	per line for (o), (b), and (c).	4 7 7 3	1-1111		7 100		INTERVAL BET	miss
PART I. DEA	TH WAS CAUSED BY	Trum and an affine as		lamadda .			2.2	ONSET AND D	EATH
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Conditions, If	DUE TO								
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(o), stoting the cause lost.	diote couse underlying DUE TO (c)	ONS CONTRIBUTING TO DEATH	H BUT NOT RELAT	ED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
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200. EXTERNAL CAPPRIMARY To CO CAUSE OF DEATH. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL CREMATIC.	diote couse underlying DUE TO HER SIGNIFICANT CONDITION USE WAS NTRIBUTING D RY Month, Doy, Year 19 not I took charge of from: Natural con William V. Lo ON, 22b, DATE THEREOF SSIGNATURE	20d. INJURY OCCURRED While Not while of work of work the remains described uses X. Accident	Do. PLACE OF INU foctory, street, dabove, held Suicide M.D. CI	URY (Home, form, office bidg., etc.) d an Autopsy , Homicide HEF MEDICAL EXA SISTANT MEDICAL EX	20f. (City 20f. (City In MINER EXAMINER CAMINER	or town) spection	(Count Inquiry ause	PERFORM	(State) find the

MEDICAL BY A MINESPLY CERTIFICATE OF DEATH From the gland May Maek Home Mrs Emma hopes Weldon & his The Principle of the Principle of the State Roman Staller St. Jeschle Russ A STATE OF THE PARTY OF THE PAR death.

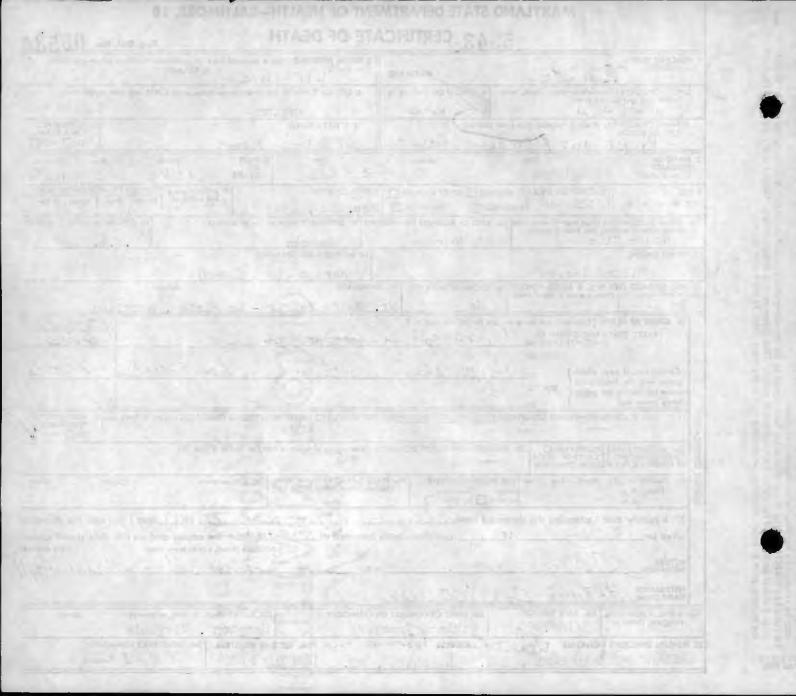
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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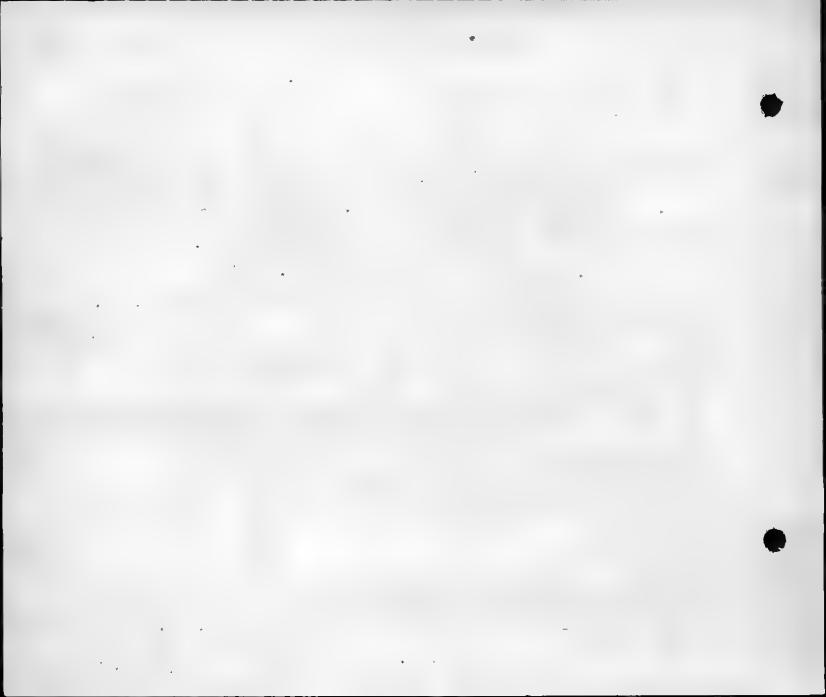
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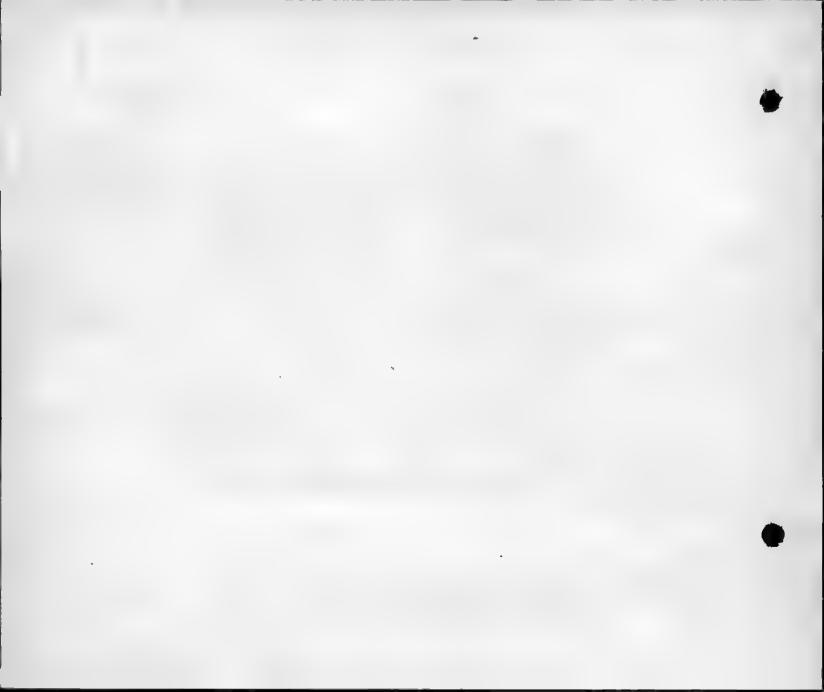
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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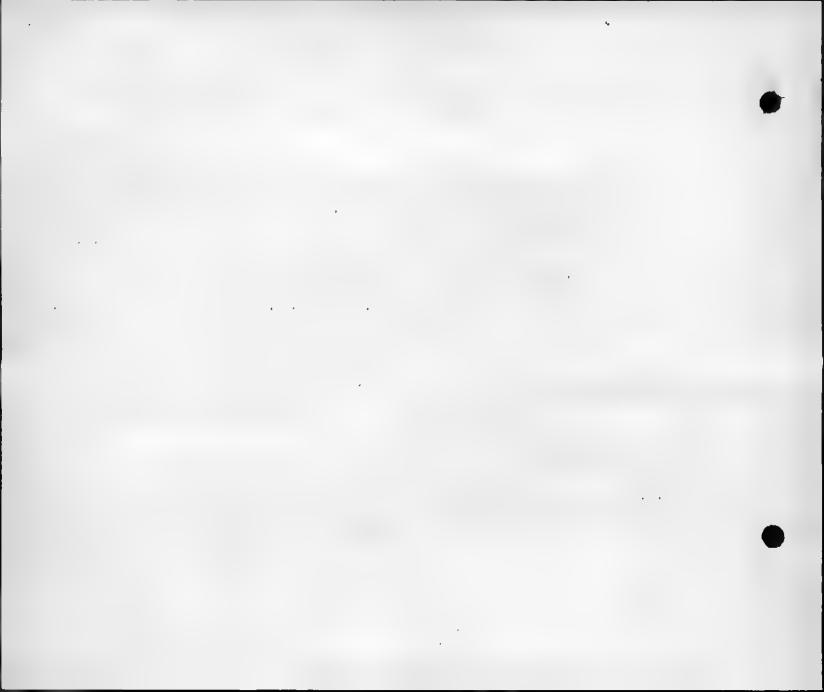
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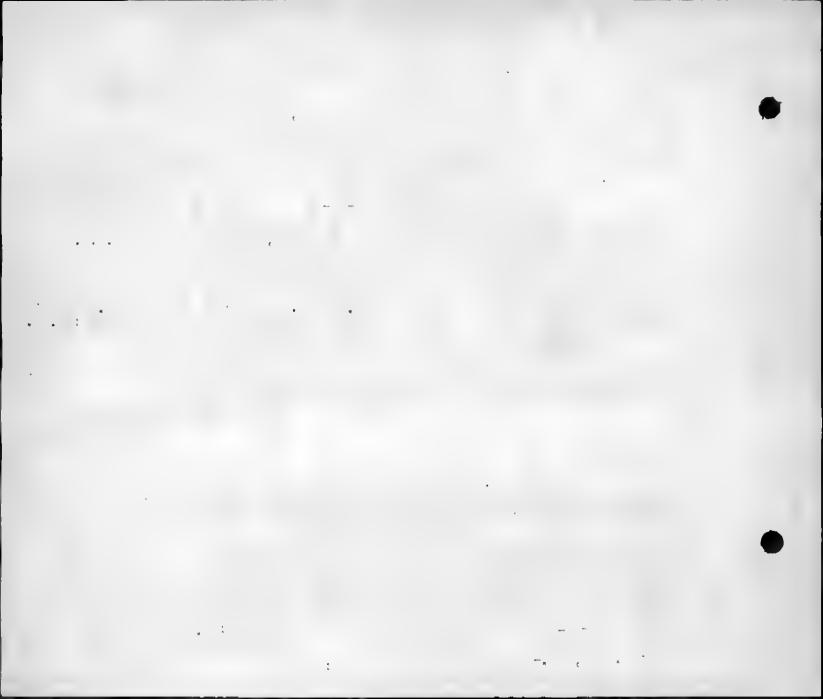
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STAT			5550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 5543
HEALTH DE	EPT.		LACE OF DEATH COUNTY STATE LOCUMENT LOCUME
	4	Ь	CITY OR TOWN (If outside corporate limits or e RUPAL and give nearest lown) ond give nearest lown) A MOLATIC X (1/2 / 1/2 /
s naces of direct d for y	文	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o IS RES DENCE ON A FARM YES NOW
e funer retaine Stole r death			NAME OF SECRASED TO SUANN SEATH Day Year Type or print) ELIZABETH 11. SWANN DEATH MAY 7 1959
moy be with the		5. \$	
2, and 2 and 2 and 2 and 2	-		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 AND Y V (3 A) 4
Poges 1. PM3. poges 1	I)	13.	FATHER'S NAME TIMES SWONN DON'S Proctor
Give P Give P It form File 1		15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
fem 18. Jong will permit			1B. CAUSE OF DEATH [Enter only one couse per ine for (o). (b). and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Trusterstitial Preumonitis 12 hours
office of			DUE TO Conditions, if ony, which) (b)
in per viner's o burio			gave rise to immediate couse (e), staling the underlying couse lost, (c)
ending ending 21 Exam 13ed as emotio		ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO ID} \)
S cerring ord "p Medical la be e rrial, cr		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of Item 18.)
og the very grant of the formal of the forma		MEDICAL	20c. TIME OF INJURY Month, Day, Your 20d. INJURNOCCURRED 200 PLACE OF INJURY (Home, Form, 20f (City or town) (County) (State) Hour 5-7 1959 of work of
ro the Poge			21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry ond in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
orwal RREC			ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER D DATE SIGNED
the cell per fill per			EXAMINER'S V.B. DETTOR ND. ASSISTANT MEDICAL EXAMINER [] 5-8-59
execute 4 shou 0 FUNI or its		220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, toyon, or county) SEMOVAL (Specify) STORY
S A15ME 5M 2/57		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE To flux to tune of the control of
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VS A15 (4) 15M 10/57

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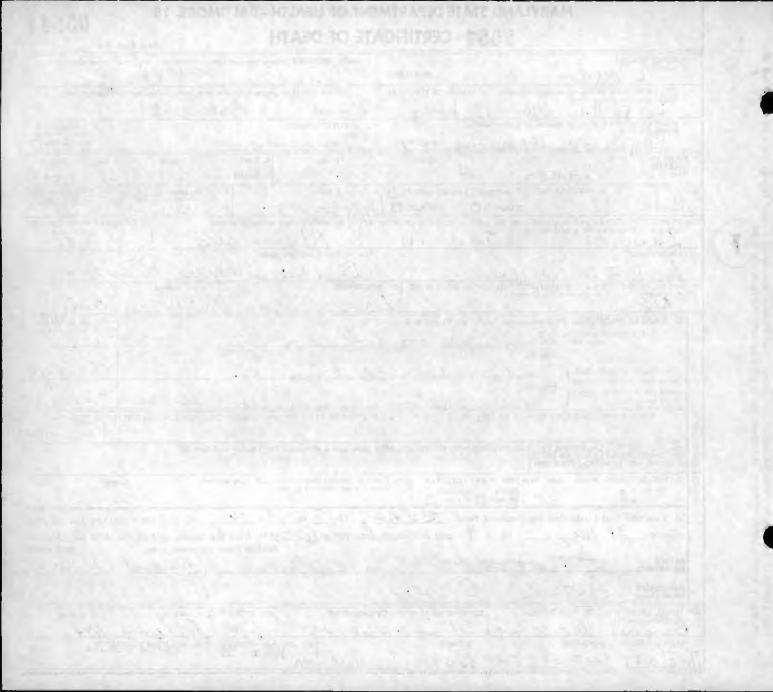
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05544

5551 CERTIFICATE OF DEATH

Reg. Dist. No.

_	J	PLACE OF DEATH O. COUNTY Vales. MARYLAND 2. USUAL RESIDEN O. STATE	DCE (Where deceased lived. If institution Residence before admission) b. COUNTY Charles						
		La Plata. Md. Iday "Kural	VIN (If outside corporate limits, write RURAL and give nearest town) - La Plata - Ud.						
6		d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORTHSTITUTION ORTHSTITUTION LYSTCIANS MEMORITAL GOSPO LIBERTY Ellenes	ON A FARM?						
		3. NAME OF DECEASED (Type or print) JAMES A Middle SWANN	4. DATE Month Day Year OF DEATH May 3/ 1959.						
	1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B B. DATE OF BIRTH WIDOWED DIVORCED July 20 /	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours Min.						
)		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 50 - mill	Dry/and U.S.A.						
		LONZO SWONN BOYL	bara Ann Proctor						
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yet no. or unknown] [If yet, give wor or dates of terrice]	SWANN Bel Alton Md.						
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, if ony, which gove rise to immediate couse (a), staling the under- lying couse (a), staling the under- lying couse last							
0	CERTIFICATION		E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO						
	-		ury in Port I or Port II of item 18.]						
-	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while foctory, street, office bld	e, form, 20f. (City or town) (County) (State)						
		21. I certify that I attended the deceased from 20 May 19 9, to alive on 31 May, 19 9, and that death occurred at a	1957 that I last saw the deceased LOSPM, from the causes and on the date stated above						
1		ACTUAL SIGNATURE ATTIVISADE M.D. Late	ADDRESS (Street, city or town, state) GATE SIGNED						
e e	22.0	PHYSICIAN'S HRTHUR G. WOODDY							
		220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY STORY CONTROL OF CONTROL OF CEMETERY OF CREMATORY STORY CONTROL OF CEMETERY OF CEMETERY OF CREMATORY STORY CONTROL OF CEMETERY OF CEM	22d. LOCATION (City, town, or county) (Stole)						
	23. Th	The HUNGETON'S SIGNATURE HOME, Woldorf, Md. DA	TE JUN 4 159 24b. REGISTRAR'S SIGNATURE						



05545

	553	CERTIFICA	ATE OF DEATH		Reg. Dist. No).
1. PLACE OF DEATH o. COUNTY Charl	0.5	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If instituti b. COUNTY	on: Residence before Charle	
	outside corporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write R		
d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, give street Physicians Mem		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First	Middle	Woodland	4. DATE Mon	_	sy Yeor 19
s. sex Male	8. COLOR OR RACE 7. MAR	RIED NEVER MARRIED TO DIVORCED DIVORCED	B. DATE OF BIRTH May 4, 1959	9. AGE (In years lost birthday) yrs.	Months Days	Hours Min.
during most of work	N (Give kind of work done 10b ing life, even il retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote o			OF WHAT COUNT
5. WAS DECEASED EVER	Robert Proct IN U. S. ARMED FORCES? 16 If yes, give wor or dotes of service)		Mary Ethe	l Woodland	ress	
Conditions, if an geve rise to in couse (o), storing t lying cause tost. Part 11. OTH	nmediate DUE TO (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	/EN IN PART I(o)	PERFORMED?
20a. ACCIDENT WA. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH	Nat while	D. (Enter noture of injury in Po ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or town)	(County	YES NO A
ACTUAL SIGNATURE	Cienzi lep Lorenzo Lepez,	50 /. /.	accurred at 5:30	DAY from the causes of portess (Street, city or town.	and on the do	
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, Luftata)	or county)	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE SALES	ADDRESS LAPLE	la mal DATE MA		STRAR'S SIGNATU	

eral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be as the direct of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shother registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT

After this certificate has been si

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